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APPLICATION NO.	FILING DATE		FIRST NAMED I	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,731	07/30/2003		Liu-Chung Lee		TOP 302	7523
TITLE OF INVENTION: LED BACKLIGHT MODULE						
APPLN, TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	08/10/2005
EXAMINER		ART UNI	Т	CLASS-SUBCLASS	J	
CRANSON JR, JAMES W		2875		362-631000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AU Optronics Corp. Hsinchu 300, Taiwan, R.O.C.						
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the pat	ent): 🗖 Individual 🚨 C	orporation or other private gro	oup entity 🔲 Government
Ia. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Change in Entity Status (from status indicated above)			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0002 (enclose an extra copy of this form).			
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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